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Docket Number (Optional) NOTICE OF APPEAL FRO MITHE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES. 2001P04786US01 I hereby certify that this correspondence is being deposited with the In re Application of United States Postal Service with sufficient postage as first class mail BARRY LYNN ROYER in an envelope address ed to "Commissioner for Patents, P.O. Box Filed 1450. Alexandria, VA 22313-1450" (37 CFR 1.8(a)) 03/26/2001 System and User Interface for Managing . . 5 ignature.... Art Unit Examiner Typed or printed 2137 Zachary A. Davis Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner, 500.00 The fee for this Notice of Appeal is (37 CFR 1.17(b)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet, xx The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Depos it Account No. 19-2179 . I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PT O/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. l am the applicant/inventor. as signee of record of the entire interest. Alexander I Burke See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Typed or printed name attorney or agent of record. 732-321-3023 Registration number 40.425 Telephone number attorney or agent acting under 37 CFR 1.34. May 11, 2006 Registration number if acting under 37 CFR 1.34. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their regresentative(s) are required.

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